4/23/2020

**Division of Corporations** 

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(((H20000119824 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

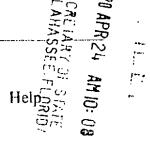
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE CEDAR CREEK DISTRIBUTION LLC

Certificate of Status Certified Copy 02 Page Count Estimated Charge \$55.00 APR 27 MW

Electronic Filing Menu Corporate Filing Menu



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:  Cedar Creek Distribution LLC				
2.	(a)	D.2. 1.166	(b) <sub>.</sub>	ALCO ALCONOMICS OF THE PROPERTY OF THE PROPERT
		Priceipal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		450 N. MacArthur Blvd		
		Oklahoma City, OK 73127		
		1/20/2012		M12000000372
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Corporation Service Company		
	<b>(-)</b>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<b>≥</b> 2020
		1201 Hays St.		2020 APR SECRETA
		Tallahassee	32301	
I	(b)	C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered		4 AMID: OR
		enter name of the W Registered Agent and of the W Registered	- <u>-</u>	ATE RICE
		NEW Registered Office Address:		<del></del>
		1200 South Pine Island Road		<del></del>
		Plantation , FL	33324	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.				
Signature of inhember or authorized representative of a member Printed or typed name of signee				
prote to not By:	viși obli nere ified	oy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  C T Corporation System D. Mastin recot Registered Agent	ee to act in this co performance of m I for in Chapter 6 iereby confirm the James Martin - Ass	y duties, and I am familiar with and accept OS, F.S. Or, if this document is being filed at the limited liability company has been